



General Assembly

February Session, 2006

Raised Bill No. 5092

LCO No. 1397

01397_____AGE

Referred to Committee on Select Committee on Aging

Introduced by:
(AGE)

AN ACT CONCERNING THE ADMISSION AND CARE OF PATIENTS IN NURSING HOMES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-359 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2006*):

3 (a) For purposes of this section, the terms "mentally ill" and
4 "specialized services" shall be as defined in Subsections (e)(7)(G)(i) and
5 (iii) of Section 1919 of the Social Security Act and federal regulations
6 and "trained staff" means staff trained in behavioral risk assessment
7 and risk management appropriate for a nursing home setting.

8 [(b) No nursing facility shall admit any person, irrespective of
9 source of payment, who has not undergone a preadmission screening
10 process by which the Department of Mental Health and Addiction
11 Services determines, based upon an independent physical and mental
12 evaluation performed by or under the auspices of the Department of
13 Social Services, whether the person is mentally ill and, if so, whether
14 such person requires the level of services provided by a nursing
15 facility and, if such person is mentally ill and does require such level of

16 services, whether the person requires specialized services. A person
17 who is determined to be mentally ill and not to require nursing facility
18 level services shall not be admitted to a nursing facility. In order to
19 implement the preadmission review requirements of this section and
20 to identify applicants for admission who may be mentally ill and
21 subject to the requirements of this section, nursing facilities may not
22 admit any person, irrespective of source of payment, unless an
23 identification screen developed, or in the case of out-of-state residents
24 approved, by the Department of Social Services has been completed
25 and filed in accordance with federal law.]

26 (b) A nursing facility may not admit any person, irrespective of
27 source of payment, unless an initial identification screen developed, or
28 in the case of out-of-state residents, approved by the Department of
29 Social Services to identify whether such person may be mentally ill has
30 been completed and filed in accordance with federal law. A nursing
31 facility shall not admit any applicant to the nursing facility who is
32 initially identified as having a mental illness, irrespective of source of
33 payment, unless: (1) Such applicant has undergone a second
34 preadmission screening process by which the Department of Mental
35 Health and Addiction Services determines whether the applicant is
36 mentally ill, based upon an independent physical and mental
37 evaluation performed by or under the auspices of the Department of
38 Social Services, and, if so, whether such person requires the level of
39 services provided by a nursing facility and, if such person is mentally
40 ill and does require such level of services, whether the person requires
41 specialized services, (2) the nursing facility has been provided with a
42 copy of the second preadmission screening, and (3) the administrator
43 of the nursing facility, in consultation with the medical director,
44 director of nursing and the director of admissions for the nursing
45 facility completes a written determination that the nursing facility has
46 appropriate physical and program space, trained staff and
47 programming to provide for the care and safety of such person and
48 other residents of the nursing home. A person who is determined to be
49 mentally ill and not to require nursing facility level services shall not

50 be admitted to a nursing facility.

51 (c) The Commissioner of Mental Health and Addiction Services,
52 after consultation with the Commissioner of Public Health, shall
53 develop a recommended curriculum guide and continued training
54 syllabus for trained staff. The curriculum guide and training syllabus
55 shall include information on caring for patients with dementia, as
56 defined in the most recent edition of the American Psychiatric
57 Association's "Diagnostic and Statistical Manual of Mental Disorders".

58 [(c)] (d) No payment from any source shall be due to any nursing
59 facility that admits a resident in violation of the preadmission
60 screening requirements of this section.

61 [(d)] (e) A nursing facility shall notify the Department of Mental
62 Health and Addiction Services when a resident who is mentally ill
63 undergoes a significant change in condition or when a resident who
64 has not previously been diagnosed as mentally ill undergoes a change
65 in condition which may require specialized services. The notification
66 provided by the nursing facility to the Department of Mental Health
67 and Addiction Services shall include information on whether the
68 nursing facility has the appropriate physical and program space,
69 trained staff and programming to continue to meet such resident's
70 individualized needs. Upon such notifications, the Department of
71 Mental Health and Addiction Services, under the auspices of the
72 Department of Social Services, shall perform an evaluation to
73 determine whether the resident requires the level of services provided
74 by a nursing facility or requires specialized services for mental illness.

75 [(e)] (f) In the case of a mentally ill resident who is determined
76 under subsection [(d)] (e) of this section not to require the level of
77 services provided by a nursing facility but to require specialized
78 services for mental illness and who has continuously resided in a
79 nursing facility for at least thirty months before the date of the
80 determination, the resident may elect to remain in the facility or to
81 receive services covered by Medicaid in an alternative appropriate

82 institutional or noninstitutional setting in accordance with the
83 alternative disposition plan submitted by the Department of Social
84 Services to the Secretary of the United States Department of Health
85 and Human Services, and consistent with the Department of Mental
86 Health and Addiction Services requirements for the provision of
87 specialized services.

88 ~~[(f)]~~ (g) In the case of a mentally ill resident who is determined
89 under subsection ~~[(d)]~~ (e) of this section not to require the level of
90 services provided by a nursing facility but to require specialized
91 services for mental illness and who has not continuously resided in a
92 nursing facility for at least thirty months before the date of the
93 determination, the nursing facility in consultation with the Department
94 of Mental Health and Addiction Services shall arrange for the safe and
95 orderly discharge of the resident from the facility. If the department
96 determines that the provision of specialized services requires an
97 alternate residential placement, the discharge and transfer of the
98 resident shall be made in accordance with the alternative disposition
99 plan submitted by the Department of Social Services and approved by
100 the Secretary of the United States Department of Health and Human
101 Services, except if an alternate residential placement is not available,
102 the resident shall not be transferred.

103 ~~[(g)]~~ (h) In the case of a resident who is determined under
104 subsection ~~[(d)]~~ (e) of this section not to require the level of services
105 provided by a nursing facility and not to require specialized services,
106 the nursing facility shall arrange for the safe and orderly discharge of
107 the resident from the facility.

108 ~~[(h)]~~ (i) Any person seeking admittance to a nursing facility or any
109 resident of a nursing facility who is adversely affected by a
110 determination of the Department of Mental Health and Addiction
111 Services under this section may appeal such determination to the
112 Department of Social Services ~~[within]~~ no later than fifteen days ~~[of]~~
113 after the receipt of the notice of a determination by the Department of

114 Mental Health and Addiction Services. If an appeal is taken to the
115 Department of Social Services the determination of the Department of
116 Mental Health and Addiction Services shall be stayed pending
117 determination by the Department of Social Services.

118 Sec. 2. Section 17b-360 of the 2006 supplement to the general statutes
119 is repealed and the following is substituted in lieu thereof (*Effective*
120 *October 1, 2006*):

121 (a) For purposes of this section, the terms "mental retardation", "a
122 condition related to mental retardation" and "specialized services" shall
123 be as defined in Subsection (e)(7)(G)(ii) of Section 1919 of the Social
124 Security Act and federal regulations and "trained staff" means staff
125 trained in behavioral risk assessment and risk management
126 appropriate for a nursing home setting.

127 [(b) No nursing facility may admit any new resident irrespective of
128 source of payment, who has mental retardation or has a condition
129 related to mental retardation unless the Department of Mental
130 Retardation has determined prior to admission based upon an
131 independent physical and mental evaluation performed by or under
132 the auspices of the Department of Social Services that because of the
133 physical and mental condition of the individual, the individual
134 requires the level of services provided by a nursing facility. If the
135 individual requires such level of services, the Department of Mental
136 Retardation shall also determine whether the individual requires
137 specialized services for such condition. An individual who is
138 determined by the Department of Mental Retardation to have mental
139 retardation or to have a related condition and is determined not to
140 require nursing facility level of services shall not be admitted to a
141 nursing facility. In order to implement the preadmission review
142 requirements of this section, and to identify applicants for admission
143 who may have mental retardation or have conditions related to mental
144 retardation and subject to the requirements of this section, nursing
145 facilities may not admit any individual irrespective of source of

146 payment, unless an identification screen developed, or in the case of
147 out-of-state residents approved, by the Department of Social Services
148 has been completed for the applicant and filed in accordance with
149 federal law.]

150 (b) A nursing facility may not admit any person, irrespective of
151 source of payment, unless an initial identification screen developed, or
152 in the case of out-of-state residents approved, by the Department of
153 Social Services to identify whether such person may be mentally
154 retarded or have a condition related to mental retardation has been
155 completed and filed in accordance with federal law. A nursing facility
156 shall not admit any applicant to the nursing facility who is initially
157 identified as being mentally retarded or having a condition related to
158 mental retardation, irrespective of source of payment, unless: (1) Such
159 applicant has undergone a second preadmission screening process by
160 which the Department of Mental Retardation determines whether the
161 applicant is mentally retarded or has a condition of mental retardation,
162 based upon an independent physical and mental evaluation performed
163 by or under the auspices of the Department of Social Services, and, if
164 so, whether such person requires the level of services provided by a
165 nursing facility and, if such person is mentally retarded or has a
166 condition of mental retardation and does require such level of services,
167 whether the person requires specialized services, (2) the nursing
168 facility has been provided with a copy of the second preadmission
169 screening, and (3) the administrator of the nursing facility, in
170 consultation with the medical director, director of nursing and the
171 director of admissions for the nursing facility completes a written
172 determination that the nursing facility has appropriate physical and
173 program space, trained staff and programming to provide for the care
174 and safety of such person and other residents of the nursing home. A
175 person who is determined to be mentally retarded or have a condition
176 related to mental retardation and not to require nursing facility level
177 services shall not be admitted to a nursing facility.

178 (c) The Commissioner of Mental Retardation, after consultation with

179 the Commissioner of Public Health, shall develop a recommended
180 curriculum guide and continued training syllabus for trained staff.

181 ~~[(c)]~~ (d) No payment from any source shall be due to a nursing
182 facility that admits a resident in violation of the preadmission
183 screening requirements of this section.

184 ~~[(d)]~~ (e) A nursing facility shall notify the Department of Mental
185 Retardation when a resident who has mental retardation undergoes a
186 change in condition or when a resident who has not previously been
187 diagnosed as having mental retardation undergoes a significant
188 change in condition which may require specialized services. The
189 notification provided by the nursing facility to the Department of
190 Mental Retardation shall include information on whether the nursing
191 facility has the appropriate physical and program space, trained staff
192 and programming to continue to meet such resident's individualized
193 needs. Upon such notification, the Department of Mental Retardation,
194 under the auspices of the Department of Social Services, shall perform
195 an evaluation to determine whether the resident requires the level of
196 services provided by a nursing facility or requires specialized services
197 for mental retardation.

198 ~~[(e)]~~ (f) In the case of a resident who is determined under subsection
199 ~~[(d)]~~ (e) of this section not to require the level of services provided by a
200 nursing facility but to require specialized services for mental
201 retardation or a condition related to mental retardation and who has
202 continually resided in a nursing facility for at least thirty months
203 before the date of the determination, the resident may elect to remain
204 in the facility or to receive services covered by Medicaid in an
205 alternative appropriate institutional or noninstitutional setting in
206 accordance with the terms of the alternative disposition plan
207 submitted by the Department of Social Services and approved by the
208 Secretary of the United States Department of Health and Human
209 Services.

210 ~~[(f)]~~ (g) In the case of a resident with mental retardation or a related

211 condition who is determined under subsection [(d)] (e) of this section
212 not to require the level of services provided by a nursing facility but to
213 require specialized services for mental retardation or the related
214 condition and who has not continuously resided in a nursing facility
215 for at least thirty months before the date of the determination, the
216 nursing facility in consultation with the Department of Mental
217 Retardation shall arrange for the safe and orderly discharge of the
218 resident from the facility. If the department determines that the
219 provision of specialized services requires an alternative residential
220 placement, the discharge and transfer of the patient shall be in
221 accordance with the alternative disposition plan submitted by the
222 Department of Social Services and approved by the Secretary of the
223 United States Department of Health and Human Services, except if an
224 alternative residential facility is not available, the resident shall not be
225 transferred.

226 [(g)] (h) In the case of a resident who is determined under
227 subsection [(d)] (e) of this section not to require the level of services
228 provided by a nursing facility and not to require specialized services,
229 the nursing facility shall arrange for the safe and orderly discharge of
230 the resident from the facility.

231 [(h)] (i) The Department of Mental Retardation shall be the agency
232 responsible for making the determinations required by this section on
233 behalf of individuals who have mental retardation and on behalf of
234 individuals with conditions related to mental retardation and may
235 provide services to such individuals to the extent required by federal
236 law.

237 [(i)] (j) Any person seeking admittance to a nursing facility or any
238 resident of a nursing facility who is adversely affected by a
239 determination of the Department of Mental Retardation under this
240 section may appeal such determination to the Department of Social
241 Services [within] not later than fifteen days [of] after the receipt of the
242 notice of a determination by the Department of Mental Retardation. If

243 an appeal is taken to the Department of Social Services, the
244 determination of the Department of Mental Retardation shall be stayed
245 pending determination by the Department of Social Services.

246 Sec. 3. (NEW) (*Effective October 1, 2006*) The Commissioner of Social
247 Services, after consultation with the Commissioner of Mental Health
248 and Addiction Services, shall amend the Pre-Admission Level II
249 Evaluation Form required under federal law to incorporate any
250 relevant criteria developed by the Commissioner of Mental Health and
251 Addiction Services regarding the high risk behavior of patients to be
252 evaluated. Relevant criteria shall include, but not be limited to,
253 whether a patient has dementia, as defined in the most recent edition
254 of the American Psychiatric Association's "Diagnostic and Statistical
255 Manual of Mental Disorders".

256 Sec. 4. (*Effective July 1, 2006*) (a) The State Ombudsman, in
257 collaboration with the Commissioners of Social Services, Public Health
258 and Mental Health and Addiction Services shall develop and
259 implement a pilot mobile Care Integration Team. The mobile Care
260 Integration Team shall include, but not be limited to, a clinical social
261 worker licensed pursuant to chapter 383b of the general statutes, a
262 registered nurse licensed pursuant to chapter 378 of the general
263 statutes, a psychiatrist licensed pursuant to chapter 370 of the general
264 statutes and a psychologist licensed pursuant to chapter 383 of the
265 general statutes. The mobile Care Integration Team shall work with
266 staff at nursing home facilities, as defined by section 19a-521 of the
267 general statutes, to assist in assessment of residents with challenging
268 behaviors, implement appropriate interventions for such residents and
269 develop appropriate individualized behavioral health care plans for
270 such residents. The mobile Care Integration Team shall also provide
271 educational and training programs to staff at nursing home facilities
272 on dementia and mental illness, and on behavior management
273 techniques that nursing home facility staff can employ in their
274 interactions with residents who have dementia or mental illness.

275 (b) Not later than January 1, 2007, the State Ombudsman shall
276 report, in accordance with section 11-4a of the general statutes, on the
277 status of the development and implementation of the pilot mobile Care
278 Integration Team to the select committee of the General Assembly
279 having cognizance of matters relating to aging, and to the joint
280 standing committees of the General Assembly having cognizance of
281 matters relating to human services and public health.

282 (c) For purposes of this section, "challenging behaviors" means
283 behaviors that are of such intensity, duration or frequency that the
284 physical safety of the resident displaying the behavior, other residents
285 or the staff of the nursing home facility is placed in serious jeopardy.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	17b-359
Sec. 2	<i>October 1, 2006</i>	17b-360
Sec. 3	<i>October 1, 2006</i>	New section
Sec. 4	<i>July 1, 2006</i>	New section

Statement of Purpose:

To: (1) revise procedures concerning the admission and care of nursing home patients with mental illness or mental retardation, and (2) provide for the development and implementation of a pilot mobile Care Integration Team that shall assist nursing home facility staff with the assessment of residents with challenging behaviors.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]